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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>TN6501                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING   | (X3) DATE SURVEY COMPLETED<br><br>09/26/2011                    |
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE CARE CENTER OF MORGAN COUNTY |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>419 SOUTH KINGSTON STREET<br>WARTBURG, TN 37887 |  |   |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETE DATE  |
| N 002: 1200-8-6 No Deficiencies                                       | <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, the facility failed to assure a bomb threat drill was exercised annually.</p> <p>The findings include:<br/>Interview and record review with the Maintenance Director and Administrator on September 26, 2011 at 9:45 a.m. confirmed the facility failed to perform bomb threat drill annually. The last bomb threat drill was conducted on 6/24/2010.</p> | N 002  | <p>3) Maintenance Director and/or Assistant Maintenance Director will audit all outlets monthly for 3 months to ensure that they are properly functioning and secure.</p> <p>4) Maintenance Director and/or Assistant Maintenance Director will report the completion of the 2011 bomb threat drill and associate training, and the scheduled 2012 bomb threat drill to the Performance Improvement Committee. Performance Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant, and Psyche Services.</p> <p>4) Maintenance Director will report medical device audit findings for 3 months to the Performance Improvement Committee to assure compliance.</p> <p>4) Maintenance Director will report electrical outlet audit findings to the Performance Improvement Committee on 10/28/2011 and monthly x 3 months.</p> | <p>10/21/11</p> <p>10/28/11</p> <p>10/21/11</p> <p>10/28/11</p> |

Division of Health Care Facilities

*[Signature]*  
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*  
TITLE  
Executive Director

(X6) DATE

10/17/11

DATE FORM

8089

80S421

If continuation sheet 1 of 1